

DECLARATION AND POWER OF ATTORNEY U.S.A.

FOR ATTORNEYS' USE ONLY

ATTORNEYS' DOCKET NO.

P71305US0

ALL PATENTS, INCLUDING DESIGN
FOR APPLICATION BASED ON PCT; PARIS CONVENTION;
NON PRIORITY; OR PROVISIONAL APPLICATIONS

As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed at 201 below), or an original, first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled:

BOTULINUM TOXIN TREATMENT OF SPASTIC BLADDER

which is described and claimed in: ☒ PCT International Application No. PCT/GB04/004770 filed November 12, 2004
☐ the attached specification ☐ the specification in application Serial No. _____ filed _____
(if applicable) and amended on _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

(Number)	(Country)	(Day/Month/Year Filed)	Priority Claimed
<u>0328060.9</u>	<u>United Kingdom</u>	<u>4 December 2003</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Application No. _____ Filing Date _____ Application No. _____ Filing Date _____

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)

(Filing Date)

(Status: patented, pending, abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys (Registration No.) to prosecute this application, receive and act on instructions from my agent, and transact all business in the Patent and Trademark Office connected therewith. HARVEY B. JACOBSON, JR. (20,851); JOHN CLARKE HOLMAN (22,769); MARVIN R. STERN (20,640); ALLEN S. MELSER (27,215); MICHAEL R. SLOBASKY (26,421); JONATHAN L. SCHERER (29,851); IRWIN M. AISENBERG (19,007); WILLIAM E. PLAYER (31,409); YOON S. HAM (45,307) and NATHANIEL A. HUMPHRIES (22,772)

SEND CORRESPONDENCE TO: CUSTOMER NO. 00136

or

JACOBSON HOLMAN
PROFESSIONAL LIMITED LIABILITY COMPANY
400 SEVENTH STREET, N.W.
WASHINGTON, D.C. 20004

DIRECT TELEPHONE CALLS TO:

(please use Attorney's Docket No.) (202) 638-6666

JACOBSON HOLMAN
PROFESSIONAL LIMITED LIABILITY COMPANY

*Inventor(s) name must include at least one unabbreviated first or middle name.

	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
201	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
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I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201*	SIGNATURE OF INVENTOR 202*	SIGNATURE OF INVENTOR 203*
DATE	DATE	DATE

☒ Additional inventors are named on separately numbered sheets attached hereto.

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Prior Foreign Application(s)

Priority Claimed

0328060.9 United Kingdom 4 December 2003
 (Number) (Country) (Day/Month/Year Filed)

☒ Yes ☐ No

(Number) (Country) (Day/Month/Year Filed)

☐ Yes ☐ No

(Number) (Country) (Day/Month/Year Filed)

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 WASHINGTON, D.C. 20004

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(please use Attorney's Docket No.) (202) 638-6666

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SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202*	SIGNATURE OF INVENTOR 203*
DATE <u>25 Aug '06</u>	DATE	DATE

☒ Additional inventors are named on separately numbered sheets attached hereto.

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Priority Claimed

0328060.9

United Kingdom

4 December 2003

☒

☐

(Number)

(Country)

(Day/Month/Year Filed)

Yes

No

(Number)

(Country)

(Day/Month/Year Filed)

☐

☐

Yes

No

(Number)

(Country)

(Day/Month/Year Filed)

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Yes

No

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SIGNATURE OF INVENTOR 201*	SIGNATURE OF INVENTOR 202*	SIGNATURE OF INVENTOR 203*
DATE	DATE	DATE

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**JACOBSON HOLMAN PLLC
ADDITIONAL INVENTORS**

* Inventor(s) name must include at least one unabbreviated first or middle name.

204	FULL NAME * OF INVENTOR	FAMILY NAME CHERIF-CHEIKH	GIVEN NAME Roland	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Barcelona	STATE OR FOREIGN Spain	COUNTRY OF CITIZENSHIP France	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS C/Paseo Farigola 12, Castelldefels	CITY Barcelona	STATE OR COUNTRY Spain	ZIP CODE E-08860
205	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
206	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
207	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
208	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
209	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP	
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210	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP	
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SIGNATURE OF INVENTOR 204 *	SIGNATURE OF INVENTOR 205 *	SIGNATURE OF INVENTOR 206 *
DATE 08/28/06	DATE	DATE
SIGNATURE OF INVENTOR 207 *	SIGNATURE OF INVENTOR 208 *	SIGNATURE OF INVENTOR 209 *
DATE	DATE	DATE

SIGNATURE OF INVENTOR 210 *	SIGNATURE OF INVENTOR 211 *
DATE	DATE

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